

# ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

|                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                     |                           |                                                                                                                                                                                                                                                                              |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. DATE OF ORDER<br>07/07/2011                                                                                                                                                                                                                                                                                                                                                                          |  | 2. CONTRACT NO. (If any)<br>GS-27F-0006U            |                           | 6. SHIP TO:<br>a. NAME OF CONSIGNEE<br>U.S Merchant Marine Academy                                                                                                                                                                                                           |                           |
| 3. ORDER NO.<br>DTMA-95-F-2011-0012                                                                                                                                                                                                                                                                                                                                                                     |  | 4. REQUISITION/REFERENCE NO.<br>MMA-PR5301-20110030 |                           | b. STREET ADDRESS<br>U.S. DOT/Maritime Administration<br>300 Steamboat Road                                                                                                                                                                                                  |                           |
| 5. ISSUING OFFICE (Address correspondence to)<br>U.S.Merchant Marine Academy<br>Division of Procurement<br>USMMA-5206<br>300 Steamboat Road<br>Kings Point NY 11024-1699                                                                                                                                                                                                                                |  |                                                     |                           | c. CITY<br>Kings Point                                                                                                                                                                                                                                                       | e. ZIP CODE<br>11024-1699 |
| 7. TO: Douglas Lambert, Govt Business POC                                                                                                                                                                                                                                                                                                                                                               |  |                                                     |                           | f. SHIP VIA                                                                                                                                                                                                                                                                  |                           |
| a. NAME OF CONTRACTOR<br>LANDAR CO., LLC                                                                                                                                                                                                                                                                                                                                                                |  |                                                     |                           | 8. TYPE OF ORDER                                                                                                                                                                                                                                                             |                           |
| b. COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                     |                           | <input type="checkbox"/> a. PURCHASE<br>REFERENCE YOUR:                                                                                                                                                                                                                      |                           |
| c. STREET ADDRESS<br>1165 Penn Street                                                                                                                                                                                                                                                                                                                                                                   |  |                                                     |                           | <input checked="" type="checkbox"/> b. DELIVERY<br>Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. |                           |
| d. CITY<br>Williamsport                                                                                                                                                                                                                                                                                                                                                                                 |  | e. STATE<br>PA                                      | f. ZIP CODE<br>17701-2457 | Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.                                                                                                           |                           |
| 9. ACCOUNTING AND APPROPRIATION DATA<br>See Schedule                                                                                                                                                                                                                                                                                                                                                    |  |                                                     |                           | 10. REQUISITIONING OFFICE<br>U.S.Merchant Marine Academy Procure                                                                                                                                                                                                             |                           |
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es))<br><input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input checked="" type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED<br><input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS |  |                                                     |                           | 12. F.O.B. POINT<br>Destination                                                                                                                                                                                                                                              |                           |
| 13. PLACE OF<br>a. INSPECTION<br>Destination                                                                                                                                                                                                                                                                                                                                                            |  | b. ACCEPTANCE<br>Destination                        |                           | 14. GOVERNMENT B/L NO.                                                                                                                                                                                                                                                       |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                     |                           | 15. DELIVER TO F.O.B. POINT<br>ON OR BEFORE (Date)<br>07/29/2011                                                                                                                                                                                                             |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                     |                           | 16. DISCOUNT TERMS                                                                                                                                                                                                                                                           |                           |

## 17. SCHEDULE (See reverse for Rejections)

| ITEM NO.<br>(a) | SUPPLIES OR SERVICES<br>(b)                                                                                                                               | QUANTITY ORDERED<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY ACCEPTED<br>(g) |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|-------------------|---------------|--------------------------|
|                 | Admin Office:<br>U.S.Merchant Marine Academy<br>Division of Procurement<br>USMMA-5206<br>300 Steamboat Road<br>Kings Point NY 11024-1699<br>Continued ... |                         |             |                   |               |                          |

|                                     |                                                      |  |                           |                |                      |            |                                 |
|-------------------------------------|------------------------------------------------------|--|---------------------------|----------------|----------------------|------------|---------------------------------|
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT                                   |  | 19. GROSS SHIPPING WEIGHT |                | 20. INVOICE NO.      |            | 17(h)<br>TOTAL<br>(Cont. pages) |
|                                     | 21. MAIL INVOICE TO:                                 |  |                           |                |                      |            |                                 |
|                                     | a. NAME<br>MARAD A/P INVOICES                        |  |                           |                |                      |            | \$3,903.04                      |
|                                     | b. STREET ADDRESS<br>(or P.O. Box)<br>P.O. BOX 25710 |  |                           |                |                      |            |                                 |
| c. CITY<br>OKLAHOMA CITY            |                                                      |  |                           | d. STATE<br>OK | e. ZIP CODE<br>73125 | \$3,903.04 | 17(i)<br>GRAND TOTAL            |

22. UNITED STATES OF

AMERICA BY (Signature)



23. NAME (Typed)

Maxmillian Diah  
TITLE: CONTRACTING/ORDERING OFFICER

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER

CONTRACT NO.

ORDER NO.

07/07/2011

GS-27F-0006U

DTMA-95-F-2011-0012

| ITEM NO.<br>(a)                                | SUPPLIES/SERVICES<br>(b)                                                                                                 | QUANTITY<br>ORDERED<br>(c) | UNIT<br>(d) | UNIT<br>PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY<br>ACCEPTED<br>(g) |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|----------------------|---------------|-----------------------------|
|                                                | Accounting Info:<br>70111750MA-2011-1INP000002-0000530100-26960-61006600                                                 |                            |             |                      |               |                             |
| 0001                                           | 3' x 6' Indoor carpet mat                                                                                                | 8                          | EA          | 37.53                | 300.24        |                             |
| 0002                                           | 4' x 6' Indoor carpet mat                                                                                                | 4                          | EA          | 50.04                | 200.16        |                             |
| 0003                                           | 4' x 8' Indoor carpet mat                                                                                                | 36                         | EA          | 66.72                | 2,401.92      |                             |
| 0004                                           | 4' x 60' Indoor carpet mat                                                                                               | 2                          | EA          | 500.36               | 1,000.72      |                             |
|                                                | DUNS# 167201396<br>CONTACT: CARMEN I. FELIZ,<br>CONTRACT SPECIALIST<br>INVOICE INQUIRIES:<br>BARBARA MARTOS 405-954-1219 |                            |             |                      |               |                             |
|                                                | The total amount of award: \$3,903.04. The obligation for this award is shown in box 17(i).                              |                            |             |                      |               |                             |
| TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) |                                                                                                                          |                            |             |                      |               | \$3,903.04                  |

